Missouri Department Of Mental Health

Presents

**From Research to Practice:
Spring Training Institute**

Brief, Strategic Family Therapy for Adolescent Substance Abuse

with

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BASIC PRINCIPLES AND STRENGTHS OF STRATEGIC FAMILY THERAPY

PRINCIPLES

1. **Focus is on Family Systems**
   - What affects one family member affects others
   - Circular causality
   - A small change in a system can lead to further changes in the system
   - Problem behavior is often sustained within systems
   - Behavior cannot be understood outside of context

2. **Interactions Influence Family Behavior**
   - The way family members interact can either indirectly or directly affect the behavior of others
   - Interactions are typically based on the structure, rules, and roles than govern the system

3. **Interventions Target Patterns of Behavior**
   - Focus is on changing family interactions and relationships
   - Focus is on process
   - Interventions involve specific strategies
   - Practical, problem-focused, and planned
   - Interventions should be collaborative and promote the strengths and creativity of family members and the family as a system

STRENGTHS

- Focus is on environmental influences and relationships, not just individuals
- Therapy tends to be briefer
- It has had significant research completed to determine its efficacy
- It is a flexible approach
- It is culturally sensitive
- Advances have taken place within the model in recent years

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PROCESSES IN STRATEGIC FAMILY THERAPY

- **The Therapeutic Relationship and Alliance**
    - Joining – Invite, Learn, Honor, and Match
    - Use family members' language
    - Observe interactions
    - Track processes

- **Set Clear, Realistic, and Attainable Goals**
    - Promote accountability with caregivers *and* adolescents

- **Understand the "Frames" Under Which Family Members View Behavior**
    - Use Language that Promotes Hope
    - Search for Counterevidence, Exceptions, and Unique Outcomes
    - Find Alternative Stories or Frames that Fit the Same Evidence or Facts
    - Search for Resilient Qualities
    - Use Externalizing Language
    - Create or Rehabilitate a Vision for the Future with Future Pull
    - Use Self-Disclosure, Metaphor, and Stories

- **Create Tasks That "Fit"**
    - Try tasks in session
    - Assume cooperation
    - "Front door" versus "back door" tasks

- **Evaluate Progress and Change**
    - Has change occurred?
    - What else needs to happen?

ESTABLISHING DIRECTIONS AND GOALS IN THERAPY

1. **Listen and attend to clients' stories by using acknowledgment and validation.**

2. **Tune into and match clients' use of language.** Listen closely to what influences they see as attributing to their concerns (e.g., familial, relational, behavioral, biological, cultural, etc.).

3. **Create a focus.** To do this we want to find out: What needs to change? Determining what needs to change means creating a goal that is both achievable and solvable. Achievable goals consist of youth and/or others' actions or conditions that can be brought about by their actions.
    - What people complain about is not always what they want to change. Sometimes parents will have a complaint and will just want to be reassured that what their son or daughter is doing is "normal" or reasonable. They may just want to heard and acknowledged. Thus, in gaining a focus make sure that the complaint is in fact what the family members want to see change.
    - In determining what needs to change, we want to use action-talk. This involves having clients describe how they "do" the problem. This allows them to move away from vague descriptions and non-sensory-based words and phrases about situations (e.g., he's got a bad attitude, she's out of control, he has ADHD, etc.) toward concrete terms and solvable problems. For example, if a parent claims that his or her son has a "bad attitude," the therapist can inquire as to how the son *does* a bad attitude. This can also be helpful with the translation of psychiatric labels into process or action descriptions. For example, it's generally easier to work with a youth not doing his or her

homework and talking back than it is to globally work with a diagnosis such as ADHD. A further consideration is that action language helps to clarify for youth.

◗ The therapist's job is to work collaboratively with youth, family members, and others who have a voice in the therapy (i.e., juvenile officers, teachers, etc.) to negotiate realistic and achievable goals. In most cases there will be a different agenda and at least one complaint for each person. When there are multiple complaints we try to acknowledge and address each complaint and combine them into mutual complaints and goals on which to focus our inquiries and interventions. Acknowledgment, tracking, and linking are commonly used to coordinate complaints and goals.

4. **Determine how it will be known when things are better.** When it's clear what needs to change, we want to know what the change will look like when it happens (if it isn't already). We ask: "How will you know when it's better?" We refer to *action-talk*. This can help to translate vague descriptions such as "She'll be good" or "He won't be out of control" into clear, behavioral descriptions. If people seem to struggle with generating a view of what the change will look like in action terms, it can be helpful to give multiple choice options. For example, a therapist could say, "Will she be doing _____ or _____ or _____?" The person can either choose one of the choices or come up with a different description altogether.

5. **Determine how it will be known that progress is being made.** Youth and families oftentimes will become frustrated or irritable if they don't feel that change is happening. What we want to do is help people to identify "in-between" change. That is, what will indicate that progress is being made? Consider these questions:

• What will be the first sign or indication that things have begun to turn the corner with your son/daughter/family relationship, etc.?
• What's one thing that might indicate to you that things are on the upswing?
• What will you see happening when things are beginning to go more the way you'd like them to go?
• What would have to happen to indicate to you that things are changing in the direction you'd like them to change?
• How will you know when the change you are looking for has started?
• What is happening right now with your situation that you would like to have continue?

PATHWAYS TO CREATE CHANGE

EXPERIENCE	VIEWS	ACTIONS
◗ Feelings	◗ Points of view	◗ Action patterns
◗ Sense of self	◗ Attentional patterns	◗ Interactional patterns
◗ Bodily sensations	◗ Interpretations	◗ Language patterns
◗ Sensory experience	◗ Explanations	◗ Nonverbal patterns
◗ Automatic fantasies and thoughts	◗ Evaluations	◗ Time patterns
	◗ Assumptions	◗ Spatial patterns
	◗ Beliefs	
	◗ Identity stories	

EXPERIENCE	*VIEWS*	ACTIONS
Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.	Identify and challenge views that are: Impossibility Blaming Invalidating Non-accountability or determinism. Also: Offer new possibilities for attention.	Find action and interaction patterns that are part of the problem and that are the "same damn thing over and over." Then suggest disrupting the problematic patterns or find and use solution patterns.

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FURTHER POSSIBILITIES FOR CHANGING INTERACTIONS

1. **<u>DEPATTERNING</u> – Find and alter repetitive patterns of action and interaction that are involved with the problem (aspects of context)**

➡ **To identify problematic patterns, the therapist wants to attend to the following things:**
→ How often does the problem typically happen (once an hour, once a day, once a week)?
→ Find the typical timing (time of day, time of week, time of month, time of year) of the problem.
→ Find the duration of the problem (how long it typically lasts).
→ Where does the problem typically happen? (spatial patterns).
→ What does the person and others who are around usually do when the problem is happening?

❱ *Alter, Interrupt, or Disrupt Repetitive Patterns of Action and Interaction Involved in or Surrounding the Problem*
• Change the *frequency/rate* of the problem or the pattern around the problem
• Change the *duration* of the problem or the pattern around the problem.
• Change the *time* (hour/time of day, week, month or time of year) of the problem or the pattern around the problem.
• Change the *intensity* of the problem or the pattern around the problem.
• *Interrupt* or otherwise prevent the occurrence of the problem.
• *Add a new element* to the problem.
• *Reverse the direction of striving* in the performance of the problem (Paradox).
• *Link the* occurrence of the *problem to* another pattern that is *a burdensome activity* (Ordeal).

2. **<u>REPATTERNING</u> – Find and use solution patterns of action and interaction.** Elicit, evoke, and highlight previous solution patterns, abilities, competencies, strengths, and resources. This does not mean trying to convince youth and others of their competencies and abilities. For example, we wouldn't say, "You can do it. Just look at your all your strengths!" This can be very invalidating to people who are stuck. Instead, we want to continue to acknowledge what is being experienced internally and begin to investigate clients' wealth of experience and expertise. Through our questions we work to evoke some sense of competence and experience of solving problems that they already possess.

❱ *Find out about previous solutions to the problem, including partial solutions and partial successes*
• Tell me about a time when the problem happened and you were able to get somewhat of a handle on it. What was different about that time?
• You've run away five out of the last seven nights. How did you keep yourself from taking off on the other two nights?
• You mentioned that you usually "lose your temper" and scream at him when he breaks curfew, but you didn't do that last night. How did you do that?

❱ *Find out what happens when the problem ends or starts to end*
• How do you know when the problem is coming to an end? What's the first thing that you notice?
• How can others tell when the problem has subsided or started to subside?
• What have you noticed helps you to wind down?

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➧ *Find out about any helpful changes that have happened before treatment began*
Pre-treatment change can yield important information about clients solve their problems. One way to do this is to ask:

* Many times people notice between the time that they contact us and the time they come in that things already seem different. What have you noticed about your situation?"

➧ *Search for contexts in which clients feel competent and has good problem-solving or creative skills*
Even though people may be experiencing problems in specific areas of their lives, oftentimes they have competencies, abilities, or there are solution patterns in other areas that can be helpful in solving the problem at hand. We want to explore any areas of clients' lives that they feel good about. This can include jobs, hobbies, sports, clubs, or areas of special knowledge or skill that they have that can be tapped into to solve the problem.

➧ *Find out why the problem isn't worse*
Sometimes it can be helpful to ask why the problem isn't worse. This can do at least two things. First, it can normalize things for clients when they realize that some people do experience worse situations. Second, it can yield information about what they've done to keep things from deteriorating.

* How come things aren't worse with your situation?
* What have you done to keep things from getting worse?
* What steps have you taken to prevent things from heading downhill any further?
* How has that made a difference with your situation?

➧ *Use rituals that promote continuity or connection*
* Continue or restore previous rituals, or create new ones

IDENTIFYING, AMPLIFYING, AND EXTENDING CHANGE

➡ **When change has occurred, amplify those changes and associated solution patterns.**

- What have you noticed that's changed with your situation?
- What specifically seems to be going better?
- When did you first notice that things had changed?
- How did the change come about?
- What did you do differently?
- How did you get yourself to do that?
- Who first noticed the change? Who else noticed?
- What else changed?

By using the questions outlined above as well as others, changes that have occurred in relation to the problem can be more easily identified. These questions also serve as a way of amplifying any identified change. Furthermore, using exception-oriented questions can be especially helpful in drawing out solution patterns and actions that have contributed to change

➡ **When change has been identified and amplified, get an idea of how that change is situated in relation to the problem and/or the goals of treatment.** Do the youth, family, or others feel that the change indicates that the problem has been resolved? Have the initial treatment goals been met? We want to know how the change relates to the overall goals of therapy. Consider:

- Last time you indicated that if your daughter was able to get back on track with her school attendance you would know that things were better. Now that's she's gone for two weeks straight how do you see things?
- You mentioned last time that if you're son was able to make it to class on time 19 out of 20 days that would represent an eight. Now that he's done that, what else, if anything, do you feel needs to happen?
- How does the change that's happened relate to the goals we set in the first/last session?
- What else, if anything, needs to happen so that you'll be convinced that the problem is no longer a problem?

Attribute Change to Client Qualities
One of the ways that we attribute change to clients is by inquiring about their internal qualities. These questions relate to aspects of "personhood." We consider our root question to be, "Who are you?", and assume that clients' possess positive characteristics that they can tap into when needed. Here some questions that we use to assist with this process and help clients to internalize change:

- Who are you such that you've been able to _____?
- Who are you such that you've been able to stand up to _____?
- Who are you such that you've been able to get the upper hand with _____?
- What does that say about you that you've been able to face up to _____?
- What kind of person are you that you've been able to overcome _____?
- Where did the wherewithal come from to _____?
- What kinds of inner qualities do you possess that allow you to manage difficulty/adversity?
- What would others say are those qualities that you possess that help you when you need them?

By helping clients to attribute change to internal qualities we contribute to the idea that even though external factors may have had some influence in producing change, it is clients who are in charge of their lives.

Use Speculation
When change has happened speculate about what may have contributed to the change from a position of curiosity. The reason for this is it allows the therapist to speak about things without drawing conclusions or trying to establish truths. Speculation in this sense means offering possible interpretations as to what has contributed to the change. One possibility is to speculate as to how the change came about. In doing this it's usually a good idea to speculate about things that are unlikely to be rejected by a youth or parent. These include, but are not limited to, age, maturity, becoming wiser, and thinking more of other people's feelings. Here how to do this:

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Mother: She has done well lately. I really haven't had to get on her about getting up on time and making it school on time.
Therapist: (To daughter): That's great! How have you done that?
Daughter: I just did it. I don't know.
Therapist: That's okay if you're not sure. It may become clearer as you go along. But I have to wonder if part of it is because your getting older and more mature and are making better decisions, or if it's related to you thinking more about your future and how your education might open up door for you. Other people might say that you're just thinking more of others. Who knows?

- Most will not say, "No, I'm not getting more mature!" It's also helpful to use this type of speculation as an adjunct when people can identify what is different. For example, if a youth said, "I knew I better stop so I focused on something else," I might add, "That's great that you were able to focus on something else. I wonder if that's in anyway related to you growing up and getting wiser." If youth do not respond to speculation, don't worry—just mentioning something that may have contributed to the change ensures that people will think about it and consider it at least momentarily, thereby facilitating change and promoting an improved sense of self.

Move to an Experiential Level
Change is not solely an internal or external phenomenon. It involves a combination of both realms. For some, an invitation to experience change at an internal, experiential level can be significant. Similarly, in *some* families with youth, when they are able to connect with an experience internally it is more profound. Thus, with youth it can be helpful to move to an experiential level when change is evident. The therapist can ask, "What was that like for you that _____ happened?" Or, "When you saw your son/daughter do _____ how did you feel?"

Share Credit for Change
If change has occurred with a youth and some or all of those involved don't seem convinced that it's genuine, it's often because they don't have a sense that they've contributed to the change. Thus in some instances it can be important to share the credit for change with those involved with the youth. Here are a few ways of doing this:

- I'm really impressed with how you instilled in your son/daughter the value of _____.
- What part of your parenting do you think contributed most to your son/daughter's ability to overcome _____?
- What did you learn from your parent/guardian/family about how to overcome _____?

➡ **Anticipate roadblocks, hurdles, and perceived barriers.** It's important to ask youth, family members, and others about any concerns that they might have about *potential* future concerns in relation to the problem. We are not implying that there will be a setback, we are merely helping youth and others to orient toward their abilities, strengths, and resources should there be a barrier to staying on track. Here are a couple of questions therapists can ask to inquire about any future areas of concern:

- Can you think of anything that might come up over the next few weeks/months or until we meet again that *might* present a challenge for you in staying on track?
- Is there anything that might happen in the near future that might pose a threat to all the changes you've made?

If the youth or others who are involved identify a potential future concern the therapist can inquire as to how the youth (and others involved) might respond differently than they have in past situations. Here's one way of asking about this:

- Let's suppose that down the road you were to face the same or a similar situation that posed difficulty for you in the past. What will you differently? How will that make a difference for you? For others?